CHANDLER TENNIS CENTER

COURT REQUEST FORM – USTA/INTERCLUB LEAGUES



Today's Date:									Ch
League Informa	ition:								
Name of League	Organization:								
Season start date									
Number of courts	s needed per sc	heduled d	ate:						
Day preferred (ci	ircle one):	M	T	W	Th	F	Sa	Su	
Hour(s) Requeste	ed: Start				End _				
	e of the courts r en 7 days a wee					opera	tional hour	s. The Chandl	er Tennis Center
	June – Septen Monday – The Friday Saturday Sunday			7 – 1: 6 – 9 7 – 1: 6 – 9	l AM	- 10 PM	1		
	October – Ma Monday – The Friday Saturday Sunday	_		8 AM 8 AM	I – NOON I – NOON I – 3 PM N – 5 PM	1	0 PM		
Contact Inform	ation:								
Captain's Name:									
Address:									
Daytime Phone:					•	ng Pho	ne:	State	Zip
Email:									
Down Payment:									
Enclosed (\$100):		ashier's C	heck	Chec	k Number	·•			
2		redit Card			Visa		terCard	American Ex	xpress
Credit Card Num	nber:					(Credit Card	Expiration D	ate:
Name on Card: _				Sig	gnature of	Cardh	older:		
officers, employees, i	individually and co ons of any kind and lleged to have arise y, its officers, agen oards and commiss d except their negli	ellectively; find nature results on out of the ts or employions, official gence is four	om all losse lting from p negligent povees. It is the ls, officers, nd to be the	es, claims, personal inj erformance te intention employees sole cause	suits, action jury to any p e of the rente of the partic i, individuall of the injur	s, payments, payments, except es to this ly and control y to the	ents and judg neluding bodi of any such in s contract that ollectively, ar- persons or da	ments, demands, ally injury and deat jury or damages at the City of Change to be indemnifications ages to property	dler, its Mayor and ed against their own
Applicant Signature							Date		
Office Use Only									
Date & Time Accept	ed:			Circ	ele One: N	Mail in	Drop off	Employee	's Initials:
Class 1 (8	30% members resid	e or work in	Chandler)		Class 2				